

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ralf Peter Mueller

Application No.: 10/565,871

Group No.: 3724

Filed: 07/27/2006

Examiner: Alic, Ghassem

For: AXIALLY-DISPLACEABLE CUTTER AND CUTTING GAP ADJUSTMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

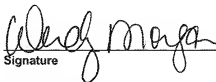
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date:

2-25-08

Signature



Wendy Morgan

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	19	--	20	= 0 x \$	50.00	= \$	0.00
INDEP.	3	--	3	= 0 x \$	210.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$	0.00	= \$	0.00
					TOTAL ADDIT. FEE	\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 50-1097.


Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: 2/25/08


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